10/22/21, 2:41 PM

Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CNL FINANCIAL GROUP, INC.

Account Number : 113615003626 407-540-7576 Phone

Fax Number

407-641-8361

★Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: susana.carcasona@cnl.com

LLC REGISTERED AGENT CHANGE CHT GCI PARTNERS I, LLC

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Help

Fage; 3 of 3

H21000394349 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. No	me of the limited liability company: CHT GCI Partne	crs I, LL	.c		
2. (a)	Principal office address of limited liability company:		(b)	Mailing address of limited liability company:	_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	450 S. Orange Avenue, 14th Floor		P.O. Box	: 4920	
	Orlando, FL 32801		Orlando,	FL 32802-4920	
	08-08-2012		M1200000	04471	
3.	Date of filing/registration in Florida	4.		Document number	_
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept. of St	ate:	
	Arny J. Patterson			203	<u>-</u> :
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2021 OCT 22	THISTON OF	
	450 S. Orange Avenue			CT); ()
	Orlando F	3280	<u> </u>	- 22)F CO
	·	Ľ			1730-1800 1430-1800
(b)	Finter name of NEW Registered Agent and/or NEW Registered	- 		AM 10:	<u>あい</u> 注意
•	Finter name of NEW Registered Agent and/or NEW Registers	ed Office	address:	-	⊼, = *.
	Tracey B. Braeco			7	•.
	NEW Registered Office Address:				
	450 S. Orange Avenue, 14th Floor		<u></u>		
	Orlando , p	1. 3280	l 		
change agent v	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members elest of organization or the operating agreement of the	e regist liability of the l e limite	ered office a company, it limited liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
Signa	ture of a member or authorized representative of a member	_		Printed or typed name of signee	
I herei provisi the obl	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	gree to de e perfor led for i l hereby	act in this cap mance of my n Chapter of v confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and acce 15, F.S. Or, if this document is being file t the limited liability company has been	ie ept id
Signatu	re of Registered Agent				